

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
Telephone: (845) 563-4615
Fax: (845) 563-4689

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision ~~XXX~~ Lot Line Change _____ Site Plan ☒ Special Permit _____

Tax Map Designation: Sec. 3 Block 1 Lot 50.32

BUILDING DEPARTMENT PERMIT NUMBER:

PA 2006-52
MUST FILL IN THIS NUMBER

1. Name of Project 424 AVENUE OF THE AMERICAS

2. Owner of Record FIRST COLUMBIA, LLC Phone 518-213-1000

Address: 22 CENTURY HILL DR. LATHAM NY 12110
(Street Name & Number) (Post Office) (State) (Zip)

3. Name of Applicant SAME AS ABOVE Phone _____

Address: _____
(Street Name & Number) (Post Office) (State) (Zip)

4. Person Preparing Plan THE CHAZEN COMPANIES Phone 518-273-0055

Address: 547 RIVER ST. TROY NY 12180
(Street Name & Number) (Post Office) (State) (Zip)

5. Attorney N/A Phone _____

Address _____
(Street Name & Number) (Post Office) (State) (Zip)

6. Person to be notified to appear at Planning Board meeting:

CHRIS BETTE 518-213-1000 518-213-1020
(Name) (Phone) (fax)

7. Project Location: On the NORTHEAST side of HUDSON VALLEY AVE / AVE. OF THE AMERICAS
(Direction) (Street)

8. Project Data: Acreage 6 ACRES Zone AP-1 School Dist. WASHINGTONVILLE

9. Is this property within an Agricultural District containing a farm operation or within 500 feet of a farm operation located in an Agricultural District? Yes _____ No X

***This information can be verified in the Assessor's Office.**

***If you answer yes to question 9, please complete the attached Agricultural Data Statement.**

10. Detailed description of Project: (Use, Size, Number of Lots, etc.) 3 1/2 STORY
60,000 S.F. GENERAL / MEDICAL OFFICE BUILDING

11. Has the Zoning Board of Appeals Granted any Variances for this property? yes _____ no X

12. Has a Special Permit previously been granted for this property? yes _____ no X

IF THIS APPLICATION IS SIGNED BY ANYONE OTHER THAN THE PROPERTY OWNER, A SEPARATE NOTARIZED STATEMENT OR PROXY STATEMENT FROM THE OWNER MUST BE SUBMITTED, AT THE TIME OF APPLICATION, AUTHORIZING THIS APPLICATION.

STATE OF NEW YORK)

SS.:

COUNTY OF ORANGE)

THE UNDERSIGNED APPLICANT, BEING DULY SWORN, DEPOSES AND STATES THAT THE INFORMATION, STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS AND DRAWINGS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND/OR BELIEF. THE APPLICANT FURTHER ACKNOWLEDGES RESPONSIBILITY TO THE TOWN FOR ALL FEES AND COSTS ASSOCIATED WITH THE REVIEW OF THIS APPLICATION.

SWORN BEFORE ME THIS:

18th DAY OF December 20 06

Cheryl J. Betts
(OWNER'S SIGNATURE)

(AGENT'S SIGNATURE)

ay. a. Jaspers
NOTARY PUBLIC

Please Print Agent's Name as Signed

TOWN USE ONLY:

DATE APPLICATION RECEIVED

APPLICATION NUMBER

AMY A. THOMPSON
Notary Public, State of New York
No. 01MA5015435
Qualified in Schenectady County
Commission Expires July 19, 2009